

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ JAN 04 2023 ★

JANE E. GARRAMONE

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

* against
SUNY-STONY BROOK
Un. Hospital (Dental School)
(acting Agent)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

LONG ISLAND OFFICE

Complaint for a Civil Case

Case No. CV-23 0066

(to be filled in by the Clerk's Office)

Jury Trial: Yes No
(check one)

AZRACK, J.

LINDSAY, M.J.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address

JANE E. GARRAMONE
10 BELLPORT LN RD
MEFORD SUFFOLK
NY 11763
(631-479-9043
JaneGarramone@GWU.edu

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title
(if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address
(if known)

SUNY SYSTEM
Board of Trustees
(ADMIN JUDGE) + SUNY Attorneys

Defendant No. 2

Name
Job or Title
(if known)
Street Address
City and County

Stony Brook Hospital
101 Noddle Rd NY 11794
HRS-StonyBrook.edu
#(631-632-6169 (?)

CSEA Union
Union

~~#~~ N/A (on my cell phone)
Albany N.Y.

State and Zip Code
Telephone Number
E-mail Address
(if known)

ALBANY, NY.
N/A (I have on my phone)
N/A

Defendant No. 3

Name
Job or Title
(if known)
Street Address City
and County State
and Zip Code
Telephone Number
E-mail Address
(if known)

The IMA GROUP ^{open psych eval}
DAD's "Fit-for-Duty" private company that has power of all B regions in NY State.
Hempstead, NY. Nassau County
N/A
on my cell phone I have it
IT IS ON google

Defendant No. 4

Name
Job or Title
(if known)
Street Address City
and County State
and Zip Code
Telephone Number
E-mail Address
(if known)

SUNY Police @ SBU
"Peace Officers"
101 Nichols Rd (Putman Hall)
SUFFOLK County Stony Brook
11704
631-632-3333 (I think)
N/A

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

Federal question

Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

*Title VII of Civil Rights Act 1964,
42 U.S.C. 2000e, et seq.
Violations Fourth, First, Fourteenth amendments
(*I was never granted a DUE Process) were violated.*

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) _____, is a citizen of the State of (name) _____.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of the State of (name) _____. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) SUNY (SBU), is incorporated under the laws of the State of (name) NYS-SBU H, and has its principal place of business in the State of (name) New York. Or is incorporated under the laws of (foreign nation) NJA, and has its principal place of business in (name) NJA.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

11/1/2021 @ noon and I have since lost everything, my reputation is tarnished and on paper. I have been blacklisted as I applied to over 300 jobs (I have my master's) *I have no health care nor dental as I was a 14 yr vested employee. And I can't access my

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

SBU/SBM - Wrongfully removed me 2 weeks pension after my last report (of wrong doing).

IMA Group - Tried to force me to sign SSA forms then Clinical Psychologist "I have to fail you, HR wants me to". She failed me and wrote the most damaging falsehoods about me. Then she sent it to all of SUNY.

SUNY-ADMIN Judge - Called me and told me to sign the SSA forms.

SUNY (oSBU) Police - Arrested my disabled sister at her dental appointment (for trespassing), I think they thought she was me. (The video footage is said to watch) →

* I was never told why I was being removed, only that they said I have to see a doctor because "I am ill". They stated that, you may be medically sick or psychologically. I was in disbelief, in shock.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I am in debt, lost my place, but most importantly I am now 39 yrs old w/a master's degree that I can't use, as my reputation is destroyed. All for the greater good... I thought..

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing 01/04/23, 2023

Signature of Plaintiff

Printed Name of Plaintiff

Jane E. Garramone
JANE E. GARRAMONE



U.S. Department of Justice

Civil Rights Division

NOTICE OF RIGHT TO SUE WITHIN 90 DAYS

VIA EMAIL

150 M Street, N.E.

Karen Ferguson, EMP, 4CON, Room 9.514

Washington, DC 20530

October 13, 2022

Ms. Jane E. Garramone
16 Bellport Lane Rd.
Medford, NY 11763

Re: EEOC Charge Against Stony Brook School of Dental Medicine (SUNY)
No. 520202202586

Dear Ms. Garramone:

Because you filed the above charge with the Equal Employment Opportunity Commission, and more than 180 days have elapsed since the date the Commission assumed jurisdiction over the charge, and no suit based thereon has been filed by this Department, and because you have specifically requested this Notice, you are hereby notified that you have the right to institute a civil action under Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e, et seq., against the above-named respondent.

If you choose to commence a civil action, such suit must be filed in the appropriate Court within 90 days of your receipt of this Notice. If you cannot afford or are unable to retain an attorney to represent you, the Court may, at its discretion, assist you in obtaining an attorney. If you plan to ask the Court to help you find an attorney, you must make this request of the Court in the form and manner it requires. Your request to the Court should be made well before the end of the time period mentioned above. A request for representation does not relieve you of the obligation to file suit within this 90-day period.

The investigative file pertaining to your case is located in the EEOC New York District Office, New York, NY.

This Notice should not be taken to mean that the Department of Justice has made a judgment as to whether or not your case is meritorious.

Sincerely,

Kristen Clarke
Assistant Attorney General
Civil Rights Division

by /s/ Karen L. Ferguson
Karen L. Ferguson
Supervisory Civil Rights Analyst
Employment Litigation Section

cc: New York District Office, EEOC
Stony Brook School of Dental Medicine (SUNY)



Stony Brook
University

HUMAN RESOURCE SERVICES

Stony Brook, NY 11794-0751

P 631.632.6161

F 631.632.6168

stonybrook.edu

November 22, 2022



CERTIFIED MAIL #7005 1160 0001 2135 7139

Ms. Jane Garramone
16 Bellport Lane Road
Medford, NY 11763

Dear Ms. Garramone:

Pursuant to Section 73 of the Civil Service Law, your ordinary disability leave will end, and your employment will terminate on December 23, 2022, beginning of business due to your absence from your position for one year or more.

I already had one *still waiting my process* *but I never had one* *(in Sept I via certified mail I requested a hearing)*

You have the right to apply to Human Resource Services prior to close of business December 9, 2022 by 5:00 pm for restoration to duty if you are medically fit to perform the duties of your position. **Please contact Time and Attendance at (631) 632-6181.** This phone number has a voicemail, so feel free to use it, at anytime. If you apply, you may be required to submit to a medical examination to determine your fitness. If the examining physician finds that you are not fit, you have the right to a hearing to contest that finding pursuant to Subdivision (d) of the Rule 5.9 of the Rules for the Classified Service. If you are found fit for duty by this agency, your leave will be terminated, and you will be scheduled to return to work.

Restoration of duty is contingent upon meeting all Department of Health regulations including New York State Department of Health (DOH) regulation that all hospitals and nursing homes "continuously require all personnel to be fully vaccinated against COVID-19." Therefore, proof of full or partial vaccination must be submitted prior to restoration of duty. If you are partially vaccinated, but not yet fully vaccinated, you must complete their vaccination series within (3) calendar days of restoration or in accordance with vaccine manufacture protocol, whichever comes later. The regulation also includes those who may be affiliated with or interact with employees of a hospital or nursing home. The regulation allows for limited exemptions with reasonable accommodations, consistent with applicable law.

After the termination of your employment, you have the right to apply to the Department of Civil Service in Albany within one year of the end of your disability for a medical examination to determine your fitness for work. If you are fit to return to work, we will consider you for reinstatement to your position, if vacant, or to a similar position. If you cannot be reinstated at that time, your name will be placed on a preferred list pursuant to Section 73 of the Civil Service Law and Subdivision (e) of Rule 5.9 of the Rules for the Classified Service. If no appropriate vacancy exists to which reinstatement may be made, or if the workload does not warrant the filling of such

FAR BEYOND

Ms. Jane Garramone

November 22, 2022

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vacancy, your name shall be placed on a preferred list for your former position, and you shall be eligible for reinstatement from such preferred list for a period of four years.

As required by the Americans with Disabilities Act (ADA), it is the policy of this agency to make reasonable accommodation to the known physical or mental limitations of an otherwise qualified employee with a disability. If you are an individual with a disability, as defined by the ADA, you may be entitled to an accommodation to enable you to perform the essential duties of your position. If you believe you would be able to perform the duties of your position with a reasonable accommodation, please contact the ADA Specialist at (631) 632-6280 for an application for requesting such an accommodation or for further information concerning the ADA.

You may also wish to contact the Employee's Retirement System by calling or writing the New York State Employee's Retirement System, 110 State Street, Albany, New York 12244, phone (518) 474-7736, to determine your eligibility for various retirement benefits, including accidental disability retirement. You should do so as soon as possible in order to avoid possible ineligibility retirement.

If you have any questions relating to this matter, please do not hesitate to contact Sarah Campbell at (631) 632-6202.

Sincerely,



Tracey McEachern
Director, Human Resource Services

cc: E. Feltz - My Director
J. Rivera Palmer
T. Haas - TRACY Haas - I have been "reporting" to her.
C. Speight - Union member
Benefits
Personnel file
Regular Mail